

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED **AFTER 1ST
AMENDMENT** **AFTER 2ND
AMENDMENT**

IND DEP IND DEP IND DEP

1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

TOTAL IND.

1

↓

↓

TOTAL DEP.

1

↓

↓

TOTAL CLAIMS

1

↓

↓

TOTAL IND.

1

↓

↓

TOTAL DEP.

1

↓

↓

TOTAL CLAIMS

1

↓

↓